



UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 509702000100

First Inventor Wing Foon LEE et al.

Title A METHOD FOR NULLING CHARGE INJECTION IN SWITCHED NETWORKS

Express Mail Label No. N/A

CERTIFICATE OF HAND DELIVERY

I hereby certify that this correspondence is being hand filed with the United States Patent and Trademark Office in Washington, D.C. on July 27, 2001.

R. Lynn Boyden

09/916224
pro

07/27/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

| | |
|---|-------------------------|
| <p>1. <input type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> | <p>[Total Pages 25]</p> |
| <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 11]</p> | |
| <p>5. Oath or Declaration [Total Pages 1]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</i></p> | |
| <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | |

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____

Prior application information

Examiner _____

Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

ACCOMPANYING APPLICATION PARTS

| | |
|---|---|
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(where there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>Should be specifically itemized</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other _____</p> | <p><input type="checkbox"/> Power of Attorney</p> <p><input type="checkbox"/> Copies of IDS Citations</p> |
|---|---|

19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label

or Correspondence address below



25227

PATENT TRADEMARK OFFICE

(Insert Customer No. or Attach bar code label here)

| | | | | |
|-------------------|-----------------|----------|-----------------------------------|--------|
| Name | | | | |
| Address | | | | |
| City | State | Zip Code | | Fax |
| Country | Telephone | | | |
| Name (Print/Type) | Kevin R. Spivak | | Registration No. (Attorney/Agent) | 43,148 |
| Signature | | | Date July 27, 2001 | |